

704

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. 111

Registrar's No. 43

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location 1107 Sullivan St.
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution no; In Community 2 days; In Arizona 2 days
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Ariz.; (b) County Gila; (c) City or Town Miami
(If outside city limits also write RURAL)

(d) Street No. 1107 Sullivan St.; (e) If foreign born, in U. S. A. no

3. (a) FULL NAME Jesus C. Rocha Jr. (b) If veteran no name war no (c) Social Security No. 10111
(If NONE write the word)

4. Sex Male 5. Color or Race Latin 6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased May 23 1942
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 2 If less than one day hrs. _____ min. _____

9. Birthplace Miami Ariz.
(City, town or county) (State or Country)

10. Usual Occupation _____

11. Industry or Business _____

12. Name Jesus G. Rocha
13. Birthplace El Paso Texas
(City, town or county) (State or Country)

14. Maiden Name Sarah Corral
15. Birthplace Zacatecas Mex.
(City, town or county) (State or Country)

16. (a) Informant's own signature Jesus G. Rocha
(b) Address 1107 Sullivan St.

17. (a) Burial, Cremation or Removal Burial
(b) Place Pinal (c) Date May 26 1942

18. (a) Embalmer's Signature J. Mery Malaga Jr.
(b) Funeral Director Miles Marquary
(c) Address Miami Ariz.

19. (a) May 26 - 42
(Date received local Registrar)

(b) Nelson D. Brayton
(Registrar's Signature)

20M 100% Reg 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) May 25, 1942
TIME (Hour and minute) 3:30 P. M.

21. I hereby certify that I attended the deceased from May 24
1942 to May 25, 1942

that I last saw him alive on May 25, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Atelectasis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

DURATION

1 day

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or Town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Nelson D. Brayton M. D. Date signed June 1 1942
Address Miami Ariz.